

## United States District Court

Eastern District of Missouri

111 South 10<sup>th</sup> Street

St. Louis, Missouri 63102

### **ATTORNEY REGISTRATION FORM**

*Please Type or Print very neatly*

Name: ☐ Mr.  
☐ Ms.  
☐ Mrs.

(First)	(M.I.)	(Last)	(Generation)
/	/		

(Date of Birth)	(E-mail)*
( )	( )

(Phone Number)	(Fax Number)
( )	( )

(Firm Name)

(Address)

(City)	(State)	(Zip)

(Date admitted to Federal bar)

Appointment Type(s) (Must indicate preference)

☐ Criminal      ☐ Employment Law      ☐ General Civil      ☐ All (Mark preference)

\* In anticipation of the court's plan to implement Electronic Case Filing (ECF) in the summer of 2003 the clerk's Office is assembling a database of names and e-mail address of lawyers who expect to participate in the ECF system. E-mail address will be required to participate in Electronic Filing.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I expect to participate in ECF

☐ I do NOT expect to participate in ECF